



Insert Information Here
 Company Name
 Address
 City, State, Zip Code
 Phone Number

Backflow Prevention Assembly Test Report

Water Purveyor		Water Meter No		Permit No
Type	Mfr	Size	Model Number	Serial Number
Facility/Owner		Contact		Phone
Address		City, State, Zip		
Owner Representative		Person to Contact		Phone
Representative Address		Assembly Address		
On-Site Location				Line Pressure:
Primary Business or Service at this Location		Is this a New Installation		<input type="checkbox"/> New <input type="checkbox"/> Existing
		Does this Assembly Replace Another		<input type="checkbox"/> Replacement Serial #
Purpose:	Protection Type:	Service Type		
Double Check Valve Assembly OR Reduced Pressure Principle Assembly				Pressure Vacuum Breaker
				Back Pressure
	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Air Inlet Opened at _____ PSID <input type="checkbox"/> Leaked
Initial Test	<input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	Check Held at _____ PSID <input type="checkbox"/> Leaked
R E P A I R S	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring
Shut Off Valves Repaired <input type="checkbox"/> #1 <input type="checkbox"/> #2 Replaced <input type="checkbox"/> #1 <input type="checkbox"/> #2				
Final Test	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	Opened at _____ PSID Reduced Pressure	Air Inlet _____ PSID CK Valve _____ PSID

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test (If Failed) By:	Certified Tester No.	Date Failed	Test Kit Serial
Repaired (If Necessary) By:		Date Repaired	
Final Test By:		Date Passed	Test Kit Serial

Comments: